Division of Health Care Finance and Policy
General Provider Information

Provider Name:	
Federal Employee ID Number:	
Address1:	
Address2:	
Post Office Box Number:	
State:	
City:	
ZipCode:	
Main Phone Number:	
Is above information Accurate:	
Provider Type:	
Contact's Extension or Phone:	
Fax:	
Email:	
Report Contact's Name:	
EMS Region:	
Licensure Level:	
Fiscal Year Ending:	
Last Updated:	
Last Updated By:	

I. General Information			
1. Organization Type			
Provider Type:			
Profit Type:			
Hospital Service Type:			
Please select a "1" below for all situations that apply, otherwise leave the cell blank.			
2. Level of Services			
a. 911 Emergency Contracts:			
b. Other Emergency:			
Describe Other Emergency Service Type:			
c. Non-Emergency:			
d. ALS:			
e. ALS Other:			
Describe Other ALS Service Type:			
f. BLS:			
g. Chair Car:			
h. Other:			
Describe Other Service Type:			
3. Staffing			
Staffing:			
Describe Other Staffing Type:			
Hours in normal work week:			
4. Hours of Oper	ALS	BLS	Chair Car
a. Days Per Week:			
b. Hours Per Day:			
II. Vehicle Information			
	Avg. No.		
a. Class I:			
b. Class V:			
c. Chair Car:			
d. Other Vehicles (support):			
Report the average number of certified vehicles during the reporting period. (As defined by the Department of Public Health in 105 CMR 170.000)			

Line	MILEAGE	TOTAL
1	Total Ambulance mileage for the entire fiscal year.	
2	Total Chair Car mileage for the entire fiscal year.	
3	Total All Other mileage for the entire fiscal year.	
4	Total Miles	
Line	**LOADED MILEAGE**	**TOTAL**
1	A0425 - Ambulance Mileage (Loaded Miles only)	
2	S0215 - Chair Car Mileage (Loaded Miles Only)	
3	All Other Loaded Miles	
4	Total Loaded Miles	
Line	**TRANSPORT PROFILE BY TYPE OF SERVICE**	**TOTAL**
1	A0426 - ALS 1	
2	A0427 - ALS 1 Emergency	
3	A0428 - BLS	
4	A0429 - BLS Emergency	
5	A0433 - ALS 2	
6	A0434 - Specialty Care Transport	
7a	A0370 - Additional person in emergency (ALS)	
7b	A0370 - Additional person in emergency (BLS)	
8	A0130 - Chair Car	
9	X0147 - Chair Car, each additional person	
10	All Other Transports (Please Describe Below)	
11	Total Number of Transports	

		1	2	3	4	5	6	7	8	9	10	11	12
Line	EMPLOYEE CATEGORY	TOTAL FTE	TOTAL DOLLARS	ADMIN FTE	ADMIN DOLLARS	ALS FTE	ALS DOLLARS	BLS FTE	BLS DOLLARS	CHAIR CAR FTE	CHAIR CAR DOLLARS	OTHER SERVICES FTE	OTHER SERVICES DOLLARS
1	Executive Officer(s)												
2	Fiscal Officer(s)												
3	Billing/Collection												
4	Clerical/Support												
5	Communications Personnel (Call takers, dispatchers)												
6	Maintenance Staff												
7	Other Admin. Staff												
8	TOTAL ADMINISTRATIVE STAFF(Sum L1 to L7) (to SchB, L1)												
9	EMT - Basic												
10	EMT - Intermediate												
11	EMT - Paramedic												
12	Driver-Attendant (Chair Car)												
13	Operations/Field Supervisors												
14	Clinical Training/Medical Director												
15	TOTAL DIRECT SERVICE STAFF (Sum L9 to L14) (to SchB, L2)												
16	TOTAL EMPLOYEE FTE/SALARY & WAGES (L8 + L15)												

		1	2	3	4	5	6	7
Line	**EXPENSE CATEGORY**	**TOTAL**	**ADMIN**	**ADVANCED LIFE SUPPORT**	**BASIC LIFE SUPPORT**	**CHAIR CAR**	**OTHER SERVICES**	**EXPENSES NOT DIRECTLY ALLOCABLE**
1	**Leasing Expense**							
2	**Vehicle Insurance**							
3	**Interest Expense**							
4	**Vehicle Depreciation**							
5	**Repairs and Maintenance**							
6	**Gas, Oil and other Vehicle Related Fluids**							
7	**Taxes (Includes Excise and Sales)**							
8	**Vehicle Licenses and Registrations**							
9	**Tolls**							
10	**Tires**							
11	**Cleaning**							
12	**Lettering/Painting**							
13	**Towing**							
14	**Other (Please Describe Below)**							
15	**TOTAL VEHICLE OPERATING EXPENSES (Sum L1 to L14)**							
	ALLOCATION OF VEHICLE OPERATING EXPENSES							
16	**Unallocated Expenses (L15, Column 2 + L15, Column 7)**							
17	**Allocation based on number of transports (table below)**							
18	**Directly Allocated Operating Expenses (L15)**							
19	**TOTAL OPERATING EXPENSES (TO SchB, L7)**							

Note: Expenditures should be directly allocated to the cost center to which they apply. If insufficient detail is maintained to permit direct allocation, these costs should be reported in Column 7 and then allocated on the basis of transports as indicated below.

Line	TRANSPORT CATEGORY	Transports	Percent (%) of Total Transports
20	**Advanced Life Support (FROM SchF, ALS)**		
21	**Basic Life Support (FROM SchF, BLS)**		
22	**Chair Car (FROM SchF, Chair Car)**		
23	**Other Programs (FROM SchF, Other Programs)**		
24	**TOTAL**		

		1	2	3	4	5	6	7
Line	**EXPENSE CATEGORY**	**TOTAL**	**ADMIN**	**ADVANCED LIFE SUPPORT**	**BASIC LIFE SUPPORT**	**CHAIR CAR**	**OTHER SERVICES**	**EXPENSES NOT DIRECTLY ALLOCABLE**
1	**Rent**							
2	**Mortgage Interest**							
3	**Depreciation (Building)**							
4	**Depreciation (Equipment)**							
5	**Repairs and Maintenance (Building)**							
6	**Property Tax**							
7	**Insurance (Building and Equipment)**							
8	**Utilities**							
9	**Donated Space**							
10	**Other (Please Describe Below)**							
11	**TOTAL OCCUPANCY EXPENSES (Sum L1 to L10)**							
	ALLOCATION OF OCCUPANCY EXPENSES							
12	**Unallocated Expenses (L11, Column 7)**							
13	**Allocation based on square footage (table below)**							
14	**Directly Allocated Operating Expenses (L11)**							
15	**TOTAL OPERATING EXPENSES (TO SchB, L8)**							

Note: Expenditures should be directly allocated to the cost center to which they apply. If insufficient detail is maintained to permit direct allocation, these costs should be reported in Column 7 and then allocated on the basis of square footage as indicated below.

Line	OCCUPANCY CATEGORY	Square Footage	Percent (%) of Total Square Footage
16	**Administration**		
17	**Advanced Life Support**		
18	**Basic Life Support**		
19	**Chair Car**		
20	**Other Programs (Please Describe Below)**		
21	**Total**		

		1	2	3	4	5
Line	**EXPENSE CATEGORY**	**TOTAL**	**ADVANCED LIFE SUPPORT**	**BASIC LIFE SUPPORT**	**CHAIR CAR**	**OTHER SERVICES**
1	Self-Pay / Private Pay					
2	Medicare					
3	Medicaid					
4	Commercial (Blue Cross, HMO, Other Third Party)					
5	Contracts (PPS, DRG or Other)					
6	Municipal Subsidy					
7	All Other Payers					
8	TOTAL OPERATING REVENUE(Sum L1 to L7)					
9	Unrestricted Federal Grants					
10	Unrestricted State Grants					
11	Unrestricted Local Grants					
12	Unrestricted Private Sources					
13	Unrestricted Donated Services					
14	Unrestricted Donations (other than cash gifts)					
15	Unrestricted Cash Gifts					
16	Unrestricted Other (Please Describe Below)					
17	TOTAL UNRESRICTED GRANTS,GIFTS,DONATIONS(Sum L9 to L16)					
18	Restricted Federal Grants					
19	Restricted State Grants					
20	Restricted Local Grants					
21	Restricted Private Sources					
22	Restricted Donated Services					
23	Restricted Donations (other than cash gifts)					
24	Restricted Cash Gifts					
25	Restricted Other (Please Describe Below)					
26	TOTAL RESTRICTED GRANTS,GIFTS,DONATIONS(Sum L18 to L25)					
27	Non-Operating Income(Please describe below)					
28	TOTAL OTHER INCOME(L27)					
29	TOTAL REVENUE FROM ALL SOURCES(Sum L8+L17+L26+L28)					

		1	2	3	4	5	6
Line	**EXPENSE CATEGORY**	**TOTAL**	**ADMIN**	**ADVANCED LIFE SUPPORT**	**BASIC LIFE SUPPORT**	**CHAIR CAR**	**OTHER SERVICES**
1	Administrative Staff Salary/Wages (From SchC, L8)						
2	Direct Service Staff Salary/Wages (From SchC, L15)						
3	TOTAL SALARY/WAGES (L1 + L2)						
4	Payroll Taxes						
5	Non-Salary Related Benefits						
6	TOTAL EMPLOYEE COMP.& RELATED EXP.(Sum L4 to L5)						
7	Total Vehicle Expenses (From SchD, L19)						
8	Total Occupancy Expenses (From SchE, L15)						
9	Subcontracted Staff						
10	Staff Training						
11	Medicine/Pharmacy						
12	Medical Supplies and Equipment						
13	Communications Equipment						
14	Laundry, Uniform Expense						
15	Marketing/Development						
16	Donations						
17	Travel/Entertainment						
18	Meals						
19	Collection Fees						
20	Retirement Plan						
21	Public Relations						
22	Penalties and Late Charges						
23	Other (Please Describe Below)						
24	TOTAL DIRECT ALLOCABLE EXPENSES (Sum L7 to L23)						
25	Municipal Allocation for Administrative Expenses - (Cities and Towns only)						
26	Office Supplies, Postage, Printing						
27	Insurance						
28	Interest (other than vehicle and mortgage)						
29	Computer and Other Equipment						

		1	2	3	4	5	6
Line	**EXPENSE CATEGORY**	**TOTAL**	**ADMIN**	**ADVANCED LIFE SUPPORT**	**BASIC LIFE SUPPORT**	**CHAIR CAR**	**OTHER SERVICES**
30	**Legal Fees**						
31	**Accounting Fees**						
32	**Accounting/Bookkeeping**						
33	**Payroll**						
34	**Billing Service**						
35	**Business Planning**						
36	**Lobbying**						
37	**Medical Director**						
38	**Information Systems**						
39	**Other Professional Fees (Please Describe Below)**						
40	**Income Taxes**						
41	**Bad Debt Expense**						
42	**Parent Organization Expense**						
43	**Dues/Subscriptions**						
44	**Telephone**						
45	**Subcontractors**						
46	**Other (Please Describe Below)**						
47	**TOTAL GENERAL ADMINISTRATIVE EXPENSE (Sum L25 to L46)**						
48	**Directly Allocated Expenses (L3 + L6 + L24)**						
49	**General Administrative Expense (C2, L47 + L48)**						
50	**Allocation of Administrative Expense**						
51	**TOTAL EXPENSE**						
52	**TOTAL REVENUE (FROM SchA, L29)**						
53	**EXCESS OF REVENUE OVER EXPENSES (L52 - L51)**						

ACCURACY OF REPORT

CERTIFICATION BY PROVIDER

I declare and affirm under the penalties of perjury that this report has been examined by me, and to the best of my knowledge and belief, is a true and correct statement. This report is subject to audit and verification by the Division of Health Care Finance and Policy.

By checking the box below I hereby certify that I am authorized by the provider to submit this information.

Signature of authorized Submitter:	
Date of Submission (MO/DA/YR):	
Submitter's acknowledgement:	